MISSOURI D							ALTH - ST	ANDARD	CERTIL	FICATE O	F DEATH	1 .	(3:0	1390	(A)
DEP	AR TM	ENT	OF	PU			WELFARE /4	19		/ 00	2 Registrar's N	561	59 stat	TE FILE NU	NBÉR
DO NOT WRITE AMENDED ON THIS STUB					上	egistration District No.		Primary Reg	istration Distri	ict No(
VS 300			1		1	. PLACE OF DEATH a. COUNTY	Jackson	n			2. USUAL RESID	SOUTI b. CO		nstitution: R	Residence before admission)
Rev. 4/59	2				_	b. CITY (If outside o	corporate limits, give	e TOWNSHIP onl	y) Leng	gth of stay in 1b	c. CITY			 1	Inside Limits
,	AMENDED				$ _{-}$		ansas Cit	•	22	2 yrs.		Kansas C			Yes X No 🚉
232/8	DATE,					C. FULL NAME OF (INSPITAL OR 16)	638 Benni	ington		Inside Limits	d. STREET ADDRESS	8 Bennin	cutside, give loca	(noite	Reside on Farm
-20-10	, <u> a</u>	++	+	4	= 3	. NAME OF DECEASE		_	Middle		Last	4. DATE	Month	Day	
-					•	(Type or print)		ARTHUR	L	BROWN]		OF	tober 19	-	Year 1 1
<u> </u>					_5	i. SEX	6. COLOR OR R	RACE 7. M		lever Married 🔲	B. DATE OF BIRT	H 9. AGE (last E	birthday) IF UND	ER 1 YEAR	IF UNDER 24 HR
5 /						Male	White		dowed	Divorced Divorced Divorced	+-20-188	8 5 78	Months	1 1	Hours Min.
6	OWS]	retirea "Ci	necker if resi	ired) Bla	ick Si	vals Bry	yson Buti	ler, Mo.		USA	WHAT COUNTRY
7 1	0110	1				a. FATHER'S NAME	Describer		1	R'S MAIDEN NAM	=		ame of Husband ith Brow	-	
8 ~ 1	ਨ ਨ	$ \ $			15	Cicero J. . was deceased eve	FR IN U.S. ARMED F	FORCES?	16. SOCIAL	y Jane I	Heckador	ii Fa	Address	MITTIR	K.C.Mo.
94200	∢				(Ŷ	es, no, of unknown) (1	If yes, give war or d	dates of service)	<u> </u>		Pelbert 1	Browning			ngton
10	<u> </u>			E I		18. CAUSE OF DEAT	M (Enter only one ca L. DEATH WAS CAU	ause per line JSED BY:		4 . 6	1		- 	I ON	ERVAL BETWEEN
	RECORD AD OF			S S			IMMEDIATE C	:AUSE (a)	yoro	word	<u>- Jacku</u>	<u> </u>			our
, ,								-	/1						· ·
	낊			DOC		Condit	ions, if any, 1 Dr	UE TO (b)	tui	م نعوره	en lu	ant Organ	-	5.	10yer
1290-2	HIS RECINSTEAD			000		which above	tions, if any, DU gave rise to cause (a), the under-	UE TO (b)	tuis	1000 T	en) la	ent Organ	-	<u>5</u> .	. 10 year
12 <i>90-2</i> 13	SHT INST		+	000	7	which above stating lying	gave rise to cause (a), the under-cause last.	DUE 10 (c)	ylou ms contrib	epleite	Line	to the terminal	PART III. If	S.	10 year
13	ON THIS		+) 	ATION	which above stating	gave rise to cause (a), the under-cause last. Di	6		agleta Buting to DEAT		to the terminal	there	e a pregnan	cy in last 90 days
13	ON THIS		+	1 000	TIFICATION	which above stating lying	gave rise to cause (a), the under-cause last. Did OTHER SIGNIFIC disease condition	OUE TO (c)		hemoto	of arth	منتتن	there	e a pregnan	cy in last 90 days lo Unknown
13	ON THIS			000	CERTIFICATION	which above stating lying	gave rise to cause (a), the under-cause last. Di	CANT CONDITION given in PART		hemoto		منتتن	there	e a pregnan	cy in last 90 days lo Unknown
13 13	ON THIS) 1	DICAL CERTIFICATION	PART 19. WAS AUTOPSY PERFORMED? YES NO \$\frac{1}{2}\$ 20. TIME OF Hou. INJURY a.m.	gave rise to cause (a), the under-cause last. DI OTHER SIGNIFIC disease condition 20a. ACCIDENT	DUE TO (c) CANT CONDITION Given in PART SUICIDE HOP	MICIDE 2	hemoto	of arth	منتتن	there	e a pregnan	cy in last 90 days. lo Unknown
13 13	SHT INST			000	Y MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO CONTINUENT NO. 101 NJURY OCCUR	gave rise to cause (a), the under-cause (ast.) OTHER SIGNIFIC disease condition 20a. ACCIDENT When the month of the cause of the cau	OUE TO (c) CANT CONDITION given in PART SUICIDE HOP Year	MICIDE 2	POS DESCRIBE HOTO	of arth	ED. (Enter nature of	there	e a pregnander N	cy in last 90 days lo Unknown
RIBBON RIBBON	AMENDMENTS ON THIS			000	rγ	PART 19. WAS AUTOPSY PERFORMED? YES NO \$\frac{1}{2}\$ 20. TIME OF Hou. INJURY a.m.	gave rise to cause (a), the under-cause last. DI OTHER SIGNIFIC disease condition with the under-cause last. DI OTHER SIGNIFIC disease condition. DI OTHER SIGNIFIC disease condition. DI OTHER SIGNIFIC disease condition.	DUE TO (c) CANT CONDITION Given in PART SUIGIDE HOP Year	MICIDE 2	POS DESCRIBE HOTO	W INJURY OCCURRI	ED. (Enter nature of	f injury in PART 1 c	e a pregnander N	to I last 90 days Io Unknown of item IB.)
RIBBON RIBBON	AMENDMENTS ON THIS			DOC	perry	19. WAS AUTOPSY PERFORMED? YES NO SALINJURY OCCURINURY WHILE AT WOR	gave rise to cause (a), the under-cause last. DI OTHER SIGNIFIC disease condition 20a. ACCIDENT WWORK 20e. WCR	OUE TO (c) CANT CONDITION given in PART SUICIDE HOP Year	MICIDE 2	or about home, in the control of the	W INJURY OCCURRI	OR LOCATION or location him el	there You	e a pregnan	In the state of th
RIBBON RIBBON	AMENDMENTS ON THIS READ INSTI			000	erry "	19. WAS AUTOPSY PERFORMED? YES NO CONTINUENT NO COUNTY WHILE AT WOR NOT WHILE AT	gave rise to cause (a), the under-cause last. DI OTHER SIGNIFIC disease condition 20a. ACCIDENT When the cause is a condition of the cause is a c	OUE TO (c) CANT CONDITION given in PART SUICIDE HOP Year	MICIDE 2	or about home, in the control of the	A Author Injury Occurring 201 CITY, TOWN, one date stated above	OR LOCATION or location him el	there You	e a pregnan	In the state of th
RIBBON RIBBON	AMENDMENTS ON THIS READ INSTI			T OF DOC	perry	PART 19. WAS AUTOPSY PERFORMED? YES NO STATEMENT NO STAT	gave rise to cause (a), the under-cause last. DI OTHER SIGNIFIC disease condition 20a. ACCIDENT When the cause is a condition of the cause is a c	CANT CONDITION OF THE PROPERTY	WICIDE 26	or about home, in the control of the	W INJURY OCCURRI	OR LOCATION or location him el	there You	e a pregnan	In the state of th
BLACK INK OR OR RITER RIBBON	AMENDMENTS ON THIS SHOULD READ INSTI			AVIT OF	arle G. Sperry	19. WAS AUTOPSY PERFORMED? YES NO STATING NOT INJURY OCCURING NOT WHILE AT WOR NOT WHILE AT WHILE AT WOR NOT WHILE AT WHILE AT WORLD WHILE WHILE WORLD WHILE WHILE WHILE WHILE WORLD WHILE WHILE WHILE WORLD WHILE WHILE WHILE WHILE WORLD	gave rise to cause (a), inhe under-cause last. DI disease condition 20a. ACCIGENT WORK DATE 20a. ACCIGENT WORK DATE 20a. ACCIGENT Line Condition 20a. ACC	CANT CONDITION GIVEN IN PART SUICIDE HOS PLACE OF INJ. (Degree or 1) (Degree or 1)	URY (e.g., in a street, office b	or about home, iddg., etc.) m on the	201. CITY, TOWN, Company of the date stated above 22b. ADDRESS CEMATORY	ED. (Enter nature of OR LOCATION and last saw her all and to the best of OR LOCATION (CATION	COUNTIES OF THE PART 1 OF THE	o a pregnan (es	STATE STATE Uses stated. 22c. DATE SIGNED (State)
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No... working under my personal supervision. Student Signature of Student Embalmer Licensed Embalmer No. 41.91 - P.O. Address H.C. Missour J. 1 4 . 76 ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he elso shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.